

THE STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT

Roger A. Seigny
Commissioner



Thomas S. Burke
Director of Examinations

**APPLICATION for
CERTIFICATE of AUTHORITY**

**THIRD PARTY ADMINISTRATOR
R.S.A 402-H**

ADMINISTRATOR NAME: _____

TRADE NAME (if any): _____

DOMICILE: _____

ADDRESS: _____

CONTACT NAME: _____

CONTACT TITLE: _____ PHONE: _____

CONTACT ADDRESS: _____

*Note: This Department will only correspond with the named contact person. This individual may be in the company or a contracted person such as a consultant.

FEES

Application Examination {400-A:29i (a)} \$ 300.00

Annual Report Filing Fee {400-A:29III} \$ 100.00
(Due March 1st each year following licensure)

Annual Renewal {400:29I (c)} \$ 100.00
(Due June 14th each year following licensure)

No Fee for Exempt TPA application

All checks must be made payable to: **New Hampshire Insurance Department.**

Our review process will not begin until **ALL** fees are paid. New Hampshire law does not allow for the payment of fees after the issuance of the license.

SECTION 1 - MANAGEMENT

1.) **OFFICIAL LIST OF ALL INDIVIDUALS** responsible for the conduct of affairs of the administrator. The list should give the name, position occupied, address and the professional qualifications of each of these individuals. It should also be sworn to as a true and complete list by the secretary of the administrator. The list shall include:

- Board of Directors
- Board of Trustees
- Executive Committee/Governing Board/Committee
- Principal Officers
- Shareholders (10% or more)
- Others exercising control/influence

SECTION 2 - FINANCIAL

1.) **STATUTORY DEPOSIT** as indicated below. Please note that no bonding shall be required by the commissioner of any administrator whose business is restricted solely to benefit plans which are either fully insured by an authorized insurer of which are bona fide employee benefit plans established by an employer or any employee organization, or both, for which the insurance laws of this state are preempted pursuant to the Employee Retirement Income Security Act of 1974.

- A safekeeping or trust receipt from a New Hampshire bank indicating that a minimum of \$100,000.00 has been placed with that bank and pledged to the commissioner of insurance of the State of New Hampshire, or
- A surety bond issued for a minimum of \$100,000.00 by a surety company licensed to do business in the State of New Hampshire.

2.) THE PHYSICAL ADDRESS WHERE THE BOOKS AND RECORDS MAINTAINED BY THE ADMINISTRATOR ARE LOCATED: _____

3.) THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THE APPLICATION:

- Federal Tax Returns (last 3 years)
- Audited Financial Statement (2 most recent years)

SECTION 3 - DOCUMENTARY

1.) **CERTIFIED COPIES OF ALL BASIC ORGANIZATIONAL DOCUMENTS**, including Articles of Incorporation, Articles of Association, partnership agreements, trade name certificate, trust agreement, shareholder agreement, recent certificate of good standing for state of domicile and for the State of New Hampshire, and all amendments thereto. These items should be certified by the proper domiciliary state official.

2.) **COPY OF THE BY-LAWS** of the applicant certified as a true and correct copy of the secretary of the company.

3.) **BUSINESS PLAN STATEMENT**. Attach a separate sheet outlining the Administrator's Business Plan, including staffing levels proposed for New Hampshire and nationwide.

4.) **SUMMARY of INSURANCE POLICIES**. Attach copies of binder pages from insurance carriers for Administrator's:

“Errors & Omissions” Insurance
(carrier/limits/policy period)

“Directors & Officers” Insurance
(carrier/limits/policy period)

Any other pertinent coverages
(carrier/limits/policy period)

5.) If the applicant will be managing the solicitation of new or renewal business or will be directly soliciting insurance contracts or otherwise acting as an agent, furnish the name and New Hampshire agent license number (s) of the individual (s) who will be performing these duties and indicate if they are contract workers or employees. Please be aware that these individuals will need a current appointment with the insurer (s) for which they will be soliciting.

Name	License #	Employment Status
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6.) If the applicant is currently contracted with any insurer as a third party administrator include a copy of each contract and a “Notice of Contract” must be completed for each contract and submitted to this Office. (form attached, reproduce as needed)

7.) The license or authority of the administrator in any state, district or country has at no time been revoked, suspended or cancelled, nor has it been refused admission to any state, district or country, except as state below. (state in full detail any exception)

NOTARIZATION

STATE of _____

COUNTY of _____

BEFORE ME, the undersigned authority, personally appeared _____
who, being duly sworn, stated that all information contained in the attached application for licensure is, to the best of his knowledge,
true, complete and correct.

(Witness Signature)

(Printed Name)

(Authorized Representative - Signature)

(Printed Name)

Sworn to and subscribed before me this _____ day of _____ in the year _____.

(Notary Public Signature)

(Printed Name)

NOTICE of CONTRACT
BETWEEN THIRD PARTY ADMINISTRATOR
AND INSURER

ADMINISTRATOR NAME: _____

TRADE NAME (if used): _____

ADDRESS: _____

NAME of INSURER: _____

ADDRESS: _____

CONTACT NAME: _____

CONTACT TITLE: _____ PHONE: _____

CONTACT ADDRESS: _____

Under the terms of the attached contract, the administrator will be responsible for: (check those which apply)

_____ Solicitation of Coverage

_____ Underwriting

_____ Collection Charges/Premium

_____ Claims adjustment

_____ General Management Services

_____ Distribution Ad Materials

_____ Claims Payment

_____ Other (explain)

Effective Date of Contract: _____

Physical location of books and records maintained by the administrator in regard to this agreement: _____

Also include the following items:

- A copy of the contract between the administrator and insurer.
- A copy of the notification which will be sent to policyholders informing them of this arrangement.

- Copies of all advertisement and marketing materials to be distributed by the administrator.
- Level of reinsurance provided for the benefit of insureds under this contract, include carrier name.
- Actual or estimated annual losses paid for a 3 year period.

(Signature of Administrator Representative)

(Signature of Insurer Representative)

(Printed Name of Administrator Representative)

(Printed Name of Insurer Representative)